

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118628

FILED
Aug 29, 2008
Secretary of State

Entity Name: FLORIDA SITE SELECTION LLC

Current Principal Place of Business:

333 S TAMiami TRAIL
SUITE 279
VENICE, FL 34285

New Principal Place of Business:

333 BAYSHORE DRIVE
VENICE, FL 34285

Current Mailing Address:

333 S TAMiami TRAIL
SUITE 279
VENICE, FL 34285

New Mailing Address:

333 BAYSHORE DRIVE
VENICE, FL 34285

FEI Number: 65-1266860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, HAROLD J
333 BAYSHORE DR
VENICE, FL 34285 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, HAROLD J
Address: 333 TAMiami TRAIL SUITE 279
City-St-Zip: VENICE, FL 34285

Title: MGR (X) Delete
Name: SHEPARD, JOHN G
Address: 333 TAMiami TRAIL SUITE 279
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMITH, HAROLD J
Address: 333 BAYSHORE DRIVE
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HAROLD J SMITH

MGR

08/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date